

Behested Payment Report

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San Jose City Cl...

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Mayor Sam Liccardo		Date Stamp 2020 JAN 23 PM 12: 59 jm	California Form 803 For Official Use Only
Agency Name City of San Jose			
Agency Street Address 200 E. Santa Clara, San Jose, CA, 95113			
Designated Contact Person (Name and title, if different) Henry Smith		<input type="checkbox"/> Amendment (See Part 5)	
Area Code/Phone Number 4085354831	E-mail (Optional) henry.smith@sanjoseca.gov	Date of Original Filing: _____ (month, day, year)	

2. Payor Information (For additional payors, include an attachment with the names and addresses.)

Karla Rodriguez-Lomax

Name

250 Hospital Parkway San Jose CA 95119

Address City State Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)

Downtown Streets Team

Name

1671 The Alameda San Jose CA 95126

Address City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 11/22/17 (month, day, year) Amount of Payment: (In-Kind FMV) \$ 10,000 (Round to whole dollars.)

Payment Type: Monetary Donation or In-Kind Goods or Services (Provide description below.)

Brief Description of In-Kind Payment: _____

Purpose: (Check one and provide description below.) Legislative Governmental Charitable

Describe the legislative, governmental, charitable purpose, or event: Downtown Streets Team for San Jose Gateways

5. Amendment Description and/or Comments

6. Verification

I certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information contained herein is true and complete.

Executed on 11/22/20 DATE

By [Signature] HS SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

